



# MINNESOTA BOARD OF DENTISTRY

University Park Plaza, 2829 University Avenue SE, Suite 450  
Minneapolis, MN 55414-3249 [www.dentalboard.state.mn.us](http://www.dentalboard.state.mn.us)  
Phone 612.617.2250 Fax 612.617.2260  
Toll Free 888.240.4762 (non-metro)  
MN Relay Service for Hearing Impaired 800.627.3529

<b>Name</b> (first, middle, last)	<b>MN LICENSE #</b>
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## ADDRESS CHANGE FORM

All licensees are required to provide their primary practice address and daytime phone number. If you are not in clinical practice you may list only a mailing/home address. You can designate both your mailing address and practice address to be the same. Please note that this information is available to the public.

### *Mailing Address (required)*

### *Practice Address (required if working)*

Street		Daytime Phone #	Street		Daytime Phone #
City		Alternate Phone #	City		Alternate Phone #
State	Zip	Fax	State	Zip	Fax
County		Email Address	County		Email Address

**Signature of Licensee (required):** \_\_\_\_\_

## NAME CHANGE FORM

Name changes need to be accompanied by a copy of the legal document that changed the name (i.e. Marriage Certificate, Divorce Decree, etc.) and signature on this form must be witnessed by a notary. **There is no fee to process a name change, however**, if you choose to practice under your new name, you must order new licenses and renewal certificates in your new legal name. Licenses are \$35 each and Renewal Certificates are \$10 each.

<b>New Legal Name:</b> (first, middle, last)	<b>Name I want to use on my License:</b>
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<b>Signature Witnessing (for Name Changes)</b>	
State of _____	
County of _____	
Signed before me on _____ by _____	
(Date)	(Printed Name of Licensee)
Signature of Licensee _____	
(Signed in front of Notary)	
Notary Signature _____	
(SEAL)	My Commission Expires _____